



**SALISBURY COMMUNITY APPEARANCE COMMISSION  
2009-2010 MUNICIPAL SERVICE DISTRICT INCENTIVE GRANT PROGRAM**

PROPERTY ADDRESS

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CURRENT USE

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APPLICANT

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\_\_\_\_\_ OWNER      \_\_\_\_\_ TENANT

APPLICANT ADDRESS

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OWNER NAME (IF OTHER THAN APPLICANT)

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ADDRESS

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CONTACT PHONE NUMBER

EMAIL

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DESCRIPTION OF PROJECT

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TOTAL ESTIMATED COSTS (PLEASE ATTACH ESTIMATES)

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I UNDERSTAND THAT IF THE PROJECT REQUIRES AN ARCHITECTURAL DESIGN CONSULTANT PAID BY THE CITY MY SHARE (50%) OF THOSE COSTS WILL BE DEDUCTED FROM THE FINAL GRANT AMOUNT.

I HAVE ATTACHED PROJECT PLANS AND SPECIFICATIONS OR OTHER APPROPRIATE DESIGN DOCUMENTATION.

I UNDERSTAND THAT THE INCENTIVE GRANT MUST BE USED FOR THE PROJECT DESCRIBED IN THIS APPLICATION.

I HAVE RECEIVED A CERTIFICATE OF APPROPRIATENESS OR MINOR WORKS PERMIT FROM THE HISTORIC PRESERVATION COMMISSION IF PROJECT IS IN A LOCAL HISTORIC DISTRICT

DATE OF CERTIFICATE OF APPROPRIATENESS

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SIGNATURE

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DATE

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**RETURN**

**BY MAIL TO:** or

LYNN RAKER  
URBAN DESIGN PLANNER  
CITY OF SALISBURY, P.O. BOX 479  
SALISBURY, NC 28145-0479  
E-MAIL: [LRAKE@salisburync.gov](mailto:LRAKE@salisburync.gov)

**HAND DELIVER TO:**

PLANNING DIVISION, 2<sup>ND</sup> FLOOR  
CITY HALL  
217 S. MAIN STREET

PHONE: 704.638.5235

